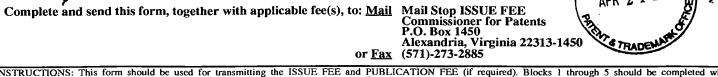
PART B - FEE(S) TRANSMITTAL



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

current correspond	r	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must					
27557	7590 03/20	/2008	li .	ave its own certificate	e of mail	ling or transmission.	
BLANK ROM 600 NEW HAM WASHINGTON	I S a t	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
							(Depositor's name)
							(Signature)
			Į.				(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		R ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/721,168 11/26/2003		Pat A. Bolen		115584-00343		5533	
THE OF INVENTION	. FLEAIBLE FLAT CA	BLE TERMINATION ST	TROCTORE FOR A CL	OCKSF KING			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	06/20/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HARVEY, JAMES R		2833	439-067000				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	•	patent. If an assign an assignment. I'Y and STATE OR (ocument has been filed for
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual : ☑ Co	orporatio	on or other private gro	oup entity Government
Advance Order -	No small entity discount p	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-2185 (enclose an extra copy of this form).					
NOTE: The Issue Fee an	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no				FR 1.27(g)(2). te assignee or other party in
•	-land 3	Saution and Trademark	COMice.	Date <u>Apr</u>	il_2	1, 2008	
Typed or printed name Tara L. Laster			Registration No. 46,510				
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